# MWR

457 Rubella Vaccination During Pregnancy

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— Preliminary Report

#### MORBIDITY AND MORTALITY WEEKLY REPORT

## Epidemiologic Notes and Reports

## Rubella Vaccination During Pregnancy - United States, 1971-1986

From January 1971 through December 1986, CDC received reports of 1,176 pregnant women who were given live attenuated rubella vaccine either within 3 months before or 3 months after their presumed dates of conception. These women were followed prospectively to determine the risk of fetal abnormalities following exposure to three types of licensed vaccine.

Cendehill and HPV-77 Vaccines. Before April 1979, data were collected on 538 women vaccinated during pregnancy with either Cendehill or HPV-77 rubella vaccines, as reviewed previously in the MMWR (1). None of the 290 infants born to these women had defects indicative of congenital rubella syndrome (CRS) (2); however, eight infants had serologic evidence of intrauterine infection (1,3). Three other women who received unknown strains of rubella vaccine delivered healthy infants who appeared normal.

RA 27/3 Vaccine. Since licensure of the RA 27/3 rubella vaccine in January 1979, CDC has received reports of 635 women who were given this vaccine during pregnancy (Table 1). Two hundred and twenty-four of these women had negative serologic testing for rubella within 12 months of vaccination and were, therefore, susceptible at the time of vaccination. Outcomes of pregnancy are known for 211 (94%) of these susceptible women. Of the 211 women, 170 (81%) delivered 172 living infants. An additional 30 immune women and 319 women of unknown immune status delivered 350 living infants. All of these 522 infants were free of defects indicative of

TABLE 1. Pregnancy outcomes for 635 recipients of RA 27/3 vaccine — United States, January 1979-December 1986

Prevaccination Immunity Status	Total Women	Live Births	Spontaneous Abortions and Stillbirths	Induced Abortions	Outcome Unknown
Susceptible	224	172 *	11	30	13
Immune	32	30	1	0	1
Unknown	379	320 <sup>†</sup>	8	24	28
Total	635	522	20	54	42

<sup>\*</sup>Includes two twin births.

<sup>&</sup>lt;sup>†</sup>Includes one twin birth.

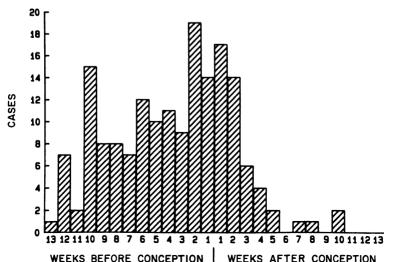
CRS. Outcomes of the 116 pregnancies that did not result in known live births are presented in Table 1.

The dates of vaccination and estimated dates of confinement were known for all of the 170 susceptible women who had full-term pregnancies (Figure 1). Fifty-five women (32%) were vaccinated within 1 week before to 4 weeks after conception, the period of presumed highest risk for viremia and fetal malformations.

Serologic evaluations were performed on 136 (79%) of the 172 infants whose mothers were susceptible. Three (2%) of the 136 infants had normal examinations but measurable titers to rubella-specific IgM in cord blood, initially suggesting a subclinical infection. Prior to July 1985, the CDC laboratory performed hemagglutination inhibition (HI) tests for both rubella-specific IgM antibody and total rubella antibody titers. Such testing revealed that one infant who appeared normal had a rubella-specific IgM antibody titer of 8 in cord blood and a corresponding total rubella antibody titer of 128. The mother's total rubella antibody titer was also 128. Simultaneous retesting of cord blood and testing of a follow-up specimen taken when the infant was 2 months old showed a decrease in the titer of maternally derived antibody from 64 to 16 over the 2-month period, suggesting that subclinical infection may not have occurred. The infant had no evidence of defects indicative of CRS either at birth or at the 18-month and 29-month follow-up examinations. Sera could not be obtained for further follow-up testing to measure HI antibodies.

Since July 1985, the CDC laboratory has tested for rubella-specific IgG antibody using the RUBESTAT®\* procedure (Whittaker Corporation, M.A. Bioproducts, Walkersville, MD), an indirect enzyme-linked immunosorbent assay (ELISA). Rubella-specific IgM antibodies were detected by ELISA using the same antigen-

FIGURE 1. Interval, in weeks, between receipt of rubella RA 27/3 vaccine and estimated date of conception among 170 susceptible women with live births — United States, January 1979-December 1986



<sup>\*</sup>Use of trade names is for identification only and does not constitute endorsement by the Public Health Service, U.S. Department of Health and Human Services.

coated plates, but with an enzyme-conjugated anti-human IgM serum. For IgM testing, sera were adsorbed with staphylococcal protein A to remove IgG and to eliminate interference by rheumatoid factor. An IgM index was calculated for each serum using a known low-positive IgM serum as a reference standard. An IgM index ≥1.0 was considered positive, with increasing values indicating higher antibody levels. Using these tests, two additional infants who appeared normal had cord sera that were positive for rubella IgM.

Serologic studies were also obtained on 156 of the 320 infants (Table 1) born to mothers whose immune status was unknown at the time of vaccination (4). Subclinical infection was documented in two infants. One infant had a rubella-specific HI IgM antibody titer of 16 in cord blood. Both mother and infant had titers of 32 by HI at the time of birth; the infant still had a titer of 32 at 4 months of age. This infant had no evidence of defects indicative of CRS at birth or at the 10-month and 17-month examinations. A serum specimen was not obtained at subsequent follow-up visits. The second infant had a persistent HI titer of 8 at 3 months of age, suggesting that there had been subclinical infection. This infant was diagnosed as normal at the 3-month follow-up examination.

While none of the 172 infants born to susceptible women had defects indicative of CRS, two infants did have asymptomatic glandular hypospadias. However, both had negative rubella-specific IgM titers (<4) in cord blood at birth. Serum taken at the 6-month follow-up examination was available for one of the infants; he had a rubella-specific HI antibody titer of <8 (i.e., a negative titer).

Thirty susceptible women elected to have induced abortions (Table 1). Products of conception were available for viral isolation studies from 19 of these women, from two women who spontaneously aborted, and from 13 women whose case histories have been reported in the literature (5-7). Rubella virus has been isolated from the products of conception of one (3%) of these 34 susceptible women.

Reported by: Viral Exanthems and Herpesvirus Br, Div of Viral Diseases, Center for Infectious Diseases; Surveillance, Investigations, and Research Br, Div of Immunization, Center for Prevention Svcs, CDC.

Editorial Note: Since 1971, CDC has maintained a register to monitor and quantitate the risks to the fetus of exposure to live attenuated rubella vaccine virus. Data are obtained through reports from physicians and state and local health departments as well as directly from women vaccinated either within 3 months before or 3 months after conception. Follow-up study is conducted to determine the outcome of each pregnancy. In 1979, when RA 27/3 rubella vaccine replaced the other rubella vaccines, there was concern that it might have greater fetotropic and teratogenic potential than earlier vaccines. Data collected so far show that the RA 27/3 rubella vaccine, like the other vaccines, has not caused defects compatible with CRS.

Fifty-five (32%) of the 170 susceptible mothers were vaccinated with RA 27/3 vaccine during the highest risk period for viremia and fetal defects (1 week before to 4 weeks after conception) (8,9). Neither the infants born to these high-risk women nor those born to any of the other women had CRS. Therefore, the observed risk of CRS following rubella vaccination continues to be zero (Table 2). However, based on the 95% confidence limits of the binomial distribution, the theoretical maximum risk for the occurrence of CRS in this group of 172 children could be as high as 2.1%. If the 95 infants exposed to other rubella vaccines are included, the maximum theoretical risk is 1.4% (Table 2). This overall maximum risk remains far less than the 20% or greater

risk of CRS associated with maternal infection with wild rubella virus during the first trimester of pregnancy (3) and is no greater than the 2%-3% rate of major birth defects in the absence of exposure to rubella vaccine (10).

These favorable data are consistent with the experiences in the Federal Republic of Germany and the United Kingdom (11,12). The vaccine has not been associated with the occurrence of CRS among infants born to susceptible mothers who had been vaccinated in either country. In Germany, 98 susceptible women vaccinated with either the Cendehill or RA 27/3 strain of vaccine gave birth to infants without CRS. In the United Kingdom, none of 21 infants born to susceptible mothers (not all of whom were prospectively followed) had defects compatible with CRS.

The occurrence of any congenital defect following maternal vaccination deserves careful analysis and follow-up. In the U.S. series, two infants born to susceptible mothers had asymptomatic glandular hypospadias. While hypospadias has been noted in CRS cases (13,14), there are no data to suggest that glandular hypospadias should be considered a CRS-associated defect. In any case, neither of the two infants in question had serologic evidence of rubella virus infection. Eight other infants born to mothers of unknown immune status and two born to mothers known to be immune at the time of vaccination had some type of defect (15). However, none of the defects were compatible with CRS, and serologic testing, when done, did not confirm rubella virus infection.

While no CRS-like defects have been noted, it is clear that rubella vaccine viruses, including the RA 27/3 strain, can cross the placenta and infect the fetus. Approximately 1%-2% of infants born to susceptible vaccinees had serologic evidence of subclinical infection, regardless of vaccine strain (3). On the other hand, while the rubella virus isolation rate from the products of conception of women who have received the RA 27/3 vaccine is only 3% (1/35), the rate of virus isolation from the products of conception of those receiving Cendehill and HPV-77 vaccines is 20% (17/85) (3). These data indicate that the risk of placental or fetal infection from RA 27/3 vaccine is low.

Recognizing that no amount of data collection can absolutely rule out a theoretical risk to the fetus, however small, the Immunization Practices Advisory Committee (ACIP) continues to state that: 1) pregnancy remains a contraindication to rubella vaccination because of the theoretical, albeit small, risk of CRS; 2) reasonable precautions should be taken to preclude vaccination of pregnant women, including

TABLE 2. Maximum theoretical risks of congenital rubella syndrome (CRS) following rubella vaccination, by vaccine strain — United States, 1971-1986\*

Vaccine	Susceptible	Normal Live	Risk of CRS			
Strain	Vaccinees	Births	Observed	Theoretical		
RA 27/3	170	172 <sup>†</sup>	0	0%-2.1%		
Cendehill or HPV-77	94	94	0	0%-3.8%		
Unknown	1	1	0	_		
Total	265	267	0	0%-1.4%		

<sup>\*</sup>Through December 31, 1986. No women entered after 1980 in CDC's register of those receiving rubella vaccine within 3 months before or after conception were vaccinated with Cendehill or HPV-77 vaccine.

<sup>&</sup>lt;sup>†</sup>Includes two twin births.

asking women if they are pregnant, excluding those who say they are, and explaining the theoretical risks to the others; and 3) because the risk of CRS is so small as to be negligible, rubella vaccination of a pregnant woman should not ordinarily be a reason to consider interruption of pregnancy, even if vaccination does occur within 3 months of conception (16).

CDC encourages reporting of cases to its register of women receiving rubella vaccine within 3 months before or after conception. Only cases involving women known to have been susceptible at the time of vaccination, by virtue of negative serologic testing within the preceding year, should be reported to the Division of Immunization, Center for Prevention Services, (telephone:[404]329-1870). Although laboratory services for culture of placental and fetal tissue are no longer routinely available, serologic testing of women who have been enrolled in the registry and of their infants continues to be available at CDC.

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## **Current Trends**

## Traumatic Occupational Fatalities - United States, 1980-1984

To help fill a critical gap in information on fatal occupational injuries, CDC's National Institute for Occupational Safety and Health (NIOSH) began gathering data in 1985 to establish the National Traumatic Occupational Fatality (NTOF) data base. The

50 states and the District of Columbia provided death certificates indicating deaths from traumatic occupational fatalities for 1980-1984\*. Preliminary analyses of these data revealed a total of 32,342 traumatic occupational fatalities occurring at an average annual crude rate of 8.8/100,000 workers and resulting in an annual average of 165,172 years of potential life lost (YPLL) before age 65.

The NTOF data base includes only data from death certificates indicating that: 1) death was related to external causes<sup>†</sup>, 2) the deceased was ≥16 years of age at the time of death, and 3) the injury occurred at work. Data from 16 of the reporting jurisdictions were incomplete because they did not include any certificates reporting homicides or suicides or stating the cause of death as "pending". NIOSH is currently acquiring this missing information. For the initial analysis of NTOF data, occupational homicides and suicides were estimated for those states that did not provide them. These estimates were made using a regression equation based on data from states that did provide this information. Age-specific fatality rates were calculated using 1980 Bureau of the Census data (1). Denominator data for state- and industry-specific rates were derived from Bureau of the Census annual County Business Patterns bulletins for 1980-1984 and the 1982 Census of Agriculture (2,3). Denominator data did not include persons employed in public administration.

Analysis of the NTOF data indicates that approximately 7,000 traumatic occupational fatalities occurred per year in all 50 states and the District of Columbia during the period studied. Male workers were involved in 94.6% of the deaths, and females, in 5.4%. For the 35 jurisdictions including homicides and suicides in their reports, 84.2% of fatalities resulted from unintentional injuries, 13.0% represented occupational homicides, and 2.8% represented occupational suicides (Table 1). Although the distribution for males was similar to the overall distribution, it was quite different for females. Forty-two percent of fatalities among females were homicides, and 4.6% were suicides. The number of reported fatalities for most age groups varied in direct proportion to the population of the work force in the age group. Fatality rates among the age groups generally ranged from 6.3 to 7.5/100,000 workers (Figure 1). Exceptions were the youngest age group (ages 16-19), which had a lower fatality rate (4.0), and the older age groups (55-59, 60-64, and >64), which had progressively higher rates (8.5, 9.7, and 17.7, respectively).

TABLE 1. Traumatic occupational fatalities, by sex and classification of fatality — United States, 1980-1984

	All Fat	alities*	Cla	ssification <sup>†</sup> (%)	
	No.	(%)	Unintentional	Homicide	Suicide
Male	30,692	(94.6)	(86.1)	(11.2)	(2.7)
Female	1,740	(5.4)	(53.4)	(42.0)	(4.6)
Total	32,432	(100.0)	(84.2)	(13.0)	(2.8)

<sup>\*</sup>Based on totals provided by the 51 reporting units; does not include the 2,070 additional fatalities estimated for jurisdictions that did not include certificates reporting deaths attributable to homicide or suicide or stating the cause of death as "pending".

<sup>\*</sup>Death certificates will be collected through 1990.

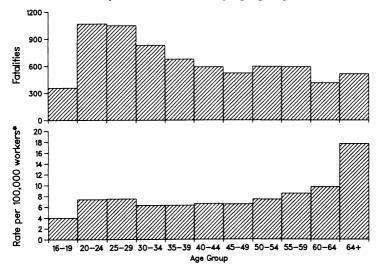
<sup>&</sup>lt;sup>†</sup>Classified within the range of categories E800-E999 according to the International Classification of Diseases, 9th Edition.

Suicides occurring in the workplace.

<sup>&</sup>lt;sup>†</sup>Based on totals provided only by the 35 units that reported homicides and suicides.

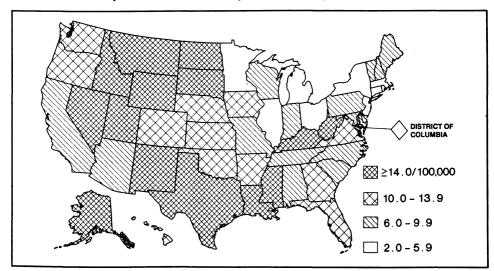
The states with the highest average rates of occupational fatalities per 100,000 workers over the 5-year period were Wyoming (34.6), Alaska (33.5), and Montana (24.8). The lowest rates were in Massachusetts (2.1) and Rhode Island (2.4) (Figure 2). States with similar rates tended to cluster into regional groups. State-specific values for YPLL ranged from 174 years (Rhode Island) to 21,990 years (Texas) and generally

FIGURE 1. Traumatic occupational fatalities, by age group — United States, 1980



<sup>\*</sup>Employment data: Bureau of the Census, U.S. Department of Commerce, 1980

FIGURE 2. State-specific traumatic occupational fatality rates, 1980-1984\*



<sup>\*</sup>Data include estimates of homicides and suicides for those states not reporting such fatalities.

reflected state-specific numbers of fatalities, which, in turn, depended largely on the size of each state's working population. Industry-specific rates of fatalities from all causes showed the highest annual average in mining (30.1/100,000 workers), construction (23.1), and agriculture (20.3); the lowest rate was in wholesale trade (1.1) (Table 2, see page 469). However, a significant proportion (20%) of the total reported fatalities could not be included in the industry-specific analysis because data were not adequate to determine the industry involved.

Reported by: Div of Safety Research, National Institute for Occupational Safety and Health, CDC.

**Editorial Note:** Although no complete and reliable nationwide census of traumatic occupational fatalities has been available previously, fatal occupational injuries—whether measured by numbers of fatalities, rates, or YPLL—are recognized as an important source of preventable mortality in the United States (4): Estimates of the magnitude of the problem have varied considerably, as illustrated by the following (Continued on page 469)

TABLE I. Summary - cases specified notifiable diseases, United States

	281	h Week End	ing	Cumulati	ve, 28th We	ek Ending
Disease	July 18, 1987	July 12, 1986	Median 1982-1986	July 18, 1987	July 12, 1986	Median 1982-1986
Acquired Immunodeficiency Syndrome (AIDS)	496	274	N	9,714	6,592	N
Aseptic meningitis Encephalitis: Primary (arthropod-borne	282	240	235	3,328	2,924	2,694
& unspec)	24	23	33	475	444	514
Post-infectious	3	-	1	64	61	61
Gonorrhea: Civilian	11,154	18,988	17,832	417,472	454,664	454,664
Military	238	346	362	8,604	8,614	11,218
Hepatitis: Type A	449	363	361	13,203	11,682	11,412
Type B	515	505	430	13,685	13,621	13,265
Non A, Non B	53	64	N	1,660	1,911	N
Unspecified	52	70	99	1,688	2,513	3,025
Legionellosis	15	16	N	432	314	N
Leprosy	25	10 18	8 33	100 391	154 484	139
Malaria Measles: Total*	82 82	148	33 86	2,846	4.520	475
Indigenous	80	138	N	2,537	4,320	1,993 N
Imported	2	10	Ň	309	230	Ň
Meningococcal infections: Total	48	36	39	1,796	1,580	1,745
Civilian	48	36	39	1,795	1,578	1,742
Military	-	-	-	1,,,,,	1,0,0	1,742
Mumps	130	144	25	9.536	2,694	2,147
Pertussis	36	46	46	936	1,460	1,065
Rubella (German measles)	12	8	12	238	335	442
Syphilis (Primary & Secondary): Civilian	590	412	495	17,980	13,672	14,788
Military	1	1	4	87	95	180
Toxic Shock syndrome	6	8	N	160	188	N
Tuberculosis	424	412	412	10,960	11,208	11,208
Tularemia	10	4	9	83	56	110
Typhoid Fever	4	12	5	149	148	168
Typhus fever, tick-borne (RMSF)	33	27	30	278	293	379
Rabies, animal	53	78	82	2,633	3,020	3,020

TABLE II. Notifiable diseases of low frequency, United States

	Cum. 1987		Cum. 1987
Anthrax Botulism: Foodborne Infant (Conn. 1)	4 32	Leptospirosis (La. 1) Plague Poliomyelitis, Paralytic	10 3
Other Brucellosis (Ga. 1)	56	Psittacosis (S.C. 1, Wash. 1) Rabies, human	52
Cholera Congenital rubella syndrome (Calif. 1)	4	Tetanus Trichinosis Trichinosis	18 26
Congenital syphilis, ages < 1 year Diphtheria	i	Typhus fever, flea-borne (endemic, murine) (Tex. 1)	16

<sup>\*</sup>Two of the 82 reported cases for this week were imported from a foreign country or can be directly traceable to a known internationally imported case within two generations.

TABLE III. Cases of specified notifiable diseases, United States, weeks ending July 18, 1987 and July 12, 1986 (28th Week)

	AIDS	Aseptic Menin-		halitis	Gond	orrhea	ш	epatitis	(Viral), by		Legionel-	l
Reporting Area		gitis	Primary	Post-in- fectious	(Civ	ilian)	A	В	NA,NB	Unspeci- fied	losis	Lepros
	Cum. 1987	1987	Cum. 1987	Cum. 1987	Cum. 1987	Cum. 1986	1987	1987	1987	1987	1987	Cum. 1987
UNITED STATES	9,714	282	475	64	417,472	454,664	449	515	53	52	15	100
NEW ENGLAND	417	15	20	2	12,960	10,280	18	37	2	4		10
Maine	13	1	1	-	382	486	-	2				-
N.H. Vt.	11	6	:	-	215	261	2	-	-	-		2
vi. Mass.	4 250	3 2	4 10	1	111 4,626	146 4.447	1 9	3 24	1	4	-	7
R.I.	35	-	3	i	1,108	886	-	5	i	-		
Conn.	104	3	2	-	6,518	4,054	6	3	-	-	-	1
MID. ATLANTIC	2,632	29	62	5	67,376	75,827	20	27	2	1	1	5
Upstate N.Y.	396	8	25	3	8,943	8,981	13	7	ĩ	-	í	
N.Y. City	1,461	.3	5	-	35,695	44,397	1	11	:		-	5
N.J. Pa.	519 256	18	7 25	2	8,668 14,070	9,614 12,835	6	9	1	1	•	-
E.N. CENTRAL Ohio	693 112	54 10	136 54	11 5	59,757 13,419	62,854	24 2	39 6	1	4	4	4
ind.	57	21	54 11	5	4,824	15,205 6,581	10	11		4	2 1	1
III.	346	3	21	6	18,095	16,644	5	8				1
Mich.	125	20	40	-	18,332	17,896	7	13	1	-	1	1
Wis.	53	-	10	-	5,087	6,528	-	1	-	-	-	1
W.N. CENTRAL	216	10	16	-	17,014	19,443	34	20	2	1	-	-
Minn.	60	1	10	-	2,654	2,711	-	3	:	-	-	-
lowa	15	1	1	•	1,635	1,956	-	5	2	-	-	-
Mo. N. Dak.	96 1	5		:	8,797 143	9,880 180	12	9	:	1	:	
S. Dak.	2	2		-	310	393	-	-	-	-	-	-
Nebr.	14	1	3	-	1,101	1,371	3	1	-	-	-	-
Kans.	28	-	2	-	2,374	2,952	19	2	-	-	•	-
S. ATLANTIC	1,640	70	59	19	110,519	116,616	40	113	8	3	3	5
Del.	9	2	3	1	1,685	1,861	1	2	-	-	:	-
Md. D.C.	192	19	10	4	13,263 7,411	13,631 8,763	8	30	2	-	1	2
Va.	220 116	6	19	2	8,056	9,548	4	11	2			
W. Va.	13	4	8	-	804	1,216	-	1	-	-	-	-
N.C.	71	4	9	-	16,528	17,681	8	20	2	1	-	-
S.C. Ga.	38	4	-	-	9,161	10,310	3	10 17	1	-	2	1
Fla.	242 739	12 19	10	12	18,237 35,374	20,332 33,274	16	22	1	2	-	2
E.S. CENTRAL				4		36,903	1	35	5	1	1	_
Ky.	117 21	13 6	28 14	1	31,268 3,153	4,149		4	-		-	- :
Tenn.	10	ĭ	6		10,996	14,273	-	16	-	-	-	-
Ala.	72	4	8	-	9,972	10,485	1	12	5	1	1	-
Miss.	14	2	-	3	7,147	7,996	-	3	-	-	-	-
W.S. CENTRAL	928	27	49	4	47,272	55,006	35	49	3	10	2	4
Ark.	23	3		2	4,927	5,078	4		-	-	-	-
La. Okla.	127 50	1 7	6 12	1	8,663 5,210	9,811 6,118	2 4	18 3	2	2 1	1	-
Tex.	728	16	31	i	28,472	33,999	25	28	1	ż	1	4
MOUNTAIN		19	13	3	11,023	13,476	44	48	3	1	1	
Mont.	261 2	19	13		290	385	2	48			'	1
ldaho	4	-	-	-	404	452	3	7	-	1	-	-
Wyo.	3	-	-	-	228	310	-	-	-	-	-	-
Colo. N. Mex.	110	16	1	•	2,384	3,498	4	8 4	:	-	-	-
Ariz.	15 77	3	9	1	1,206 3,814	1,349 4,428	2 29	24	1 2			-
Utah	17		-	ż	339	579	2	1	-	-	1	-
Nev.	33	-	2	-	2,358	2,475	2	4	-	-	-	1
PACIFIC	2,810	45	92	16	60,283	64,259	233	147	27	27	3	71
Wash.	140	-	8	2	4,403	4,935	27	10	5	1	ĭ	3
Oreg.	61		-		2,260	2,581	18	14	2	.1	-	
Calif. Alaska	2,551	43 2	80 2	14	52,202	54,469	185	116	20	24	2	53
Hawaii	8 50	2	2	-	928 490	1,539 735	2 1	3 4	-	1	-	15
Guam	-		-				•	-	-	-	-	.5
P.R.	73	1	1	1	106 1,173	91	1	2	-	-	-	5
V.I.	-	- '-	-	-	1,173	1,285 129	1	-	-	-		5
Pac. Trust Terr.	-		-	-	244	204	:	-	-	-	-	39
Amer. Samoa	-	-	-	-	47	26	-	-	-	-	-	

TABLE III. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending July 18, 1987 and July 12, 1986 (28th Week)

	Malaria			les (Rui			Menin- gococcal	Mu	ımp <b>s</b>		Pertuss	is		Rubella	9
Reporting Area	Cum.	Indig 1987	enous Cum.	1987	rted*	Total Cum.	Infections Cum.	1987	Cum.	1987	Cum.	Cum.	1987	Cum.	Cum
	1987	1307	1987	1507	1987	1986	1987	1967	1987	1367	1987	1986	1367	1987	198
UNITED STATES	391	80	2,537	2	309	4,520	1,796	130	9,536	36	936	1,460	12	238	335
NEW ENGLAND	28	-	99	1	150	75	158	3	26	3	27	88	-	1	9
Maine	1	-	3		102	9	9	-		1	5	2	-	1	-
N.H. Vt.		-	51 9	-	102 14	35	16 10	-	8 2	2	4 3	43 3	-	-	1
Mass.	9	-	21	-	27	27	76	-	3	-	6	23	-	-	4
R.I.	5	-	1	18	1	2	14	-	2	-	1	1	-	-	2
Conn.	13		14		6	2	33	3	11	-	8	16	-	•	1
MID. ATLANTIC	35 16	1	470 24	-	43 9	1,345	213	-	153	1	115	107	-	10	28
Upstate N.Y. N.Y. City	4	1	406		14	54 364	75 17	-	73	-	86	70 3	-	8 1	20 5
N.J.	8		19	-	3	905	44	-	39	-	6	9	-	1	3
Pa.	7	-	21	-	17	22	77	-	41	1	23	25	-	-	-
E.N. CENTRAL	17	-	255	-	18	916	255	36	5,550	-	106	224	-	27	52
Ohio Ind.	7 3	-	1	-	4	10 7	87 29	24	77 780	-	35 4	80 22	-	-	-
III.	1	-	106	-	12	581	56	5	2,424		5	28	-	19	47
Mich.	6	-	29	-	-	31	68	7	807	-	28	23	-	8	4
Wis.	-	-	119	-	2	282	15	-	1,462	-	34	71	-	-	1
W.N. CENTRAL	11	2	194	-	21	267	78	62	1,254	2	52	70	-	1	10
Minn. lowa	5 2	-	15	-	19	49 70	25 3	54 6	732 367	1	9 10	29 9	-	1	•
Mo.	4	2	179	-	1	23	22	-	20	-	18	5	-	- '-	1
N. Dak. S. Dak.	-	-	-	-	-	25	1	-	6	-	1	3	-	-	1
S. Dak. Nebr.	-	-	- :	-	-	1	1 3	2	82 3	-	2 1	12 2	-	-	•
Kans.	-	-	-	-	1	99	23	_	44	1	11	10	-		7
S. ATLANTIC	68	7	87	1	10	508	301	2	217	4	185	543	1	13	3
Del.	1	-	27	-	-	1	4	-		-		221	- :	2	-
Md. D.C.	15 8	-	2	-	2	29	28	1	19	-	5	150	-	2	-
Va.	14	-	1	-	1	1 55	5 49	1	1 65	-	38	20		1	-
W. Va.	2	-	-	- e	-	2	1	-	28	-	39 74	10	-		
N.C.	7 3	-	1	1 §	2	3	41	-	14	3	74	23	1	1	-
S.C. Ga.	3	-	-	-	1	301 82	29 57		12 40	-	17	9 76	-	1	-
Fla.	15	7	56	-	4	34	87	-	38	1	12	34	-	6	3
E.S. CENTRAL	7	-	2	-	-	50	83	12	1,202	2	22	23	-	3	1
Ky.	1	-	-	-	-		15		210	-	1	1	-	2	i
Tenn. Ala.	1	-		-	-	48	30 32	11 1	940 52	1	6 10	6 16	-	1	-
Miss.	4	-	2	-	-	2	6	Ń	N	i	5	-	-	-	-
W.S. CENTRAL	28	53	296	_	3	591	122	5	696	10	71	97	_	5	53
Ark.	1	-		-	-	283	16		278	-	´5	7	-	2	- 55
La. Okla.	4	-	1	-	1	2 27	10	1	200	4	17	_6	-	-	-
Tex.	23	53	295		2	279	17 79	N 4	N 218	6	49	56 28	-	3	53
MOUNTAIN	17	3	449		15	296	64	-	180	3	89	141			
Mont.	''-	-	123	- 1	1	290 7	3	- :	4	3	3	141	•	19 3	19 1
ldaho	2	-	-	-	-	1	5	-	3	1	27	31	-	1	
Wyo. Colo.	5	-	- 5	-	2	7	19	-	28	2	5	1	-	1	:
N. Mex.	1	1	295	-	9	31	3	N	Z8 N	-	23 7	38 15	-	-	1
Ariz.	7	2	24	-	1	243	21	-	134	-	23	29	-	4	2
Utah Nev.	2	-	2	•	1	6 1	9 4	-	8 3	-	1	17	•	10	12
PACIFIC	180	14	685	-		•				•		3			3
Wash.	14	2	685 31		49 1	472 130	522 65	10 2	258 37	11 3	269 40	167 57	11	159	160
Oreg.	4	-	2	-	33	7	24	N	N	-	14	9		1	8
Calif. Alaska	158 3	12	652	-	11	315	421	8	202	3	109	95	8	100	150
Alaska Hawaii	3 1	-	-		4	20	4 8	-	6 13	5	3 103	2 4	3	1 57	-
Guam			2		•	5	4			٠	103	4	3		2
P.R.	1	16	649			33	3	1	5 6	:	12	7	•	1	2
V.I.	-	-	-		•	-	•	-	9			-		2	58
Pac. Trust Terr. Amer. Samoa	-	-	1	•		2	1	-	5	-	1	•	-	1	-
CITIET. SATTICE	•	-	-	•	-	2	-	-	3	-	•		-	-	1

<sup>\*</sup>For measles only, imported cases includes both out-of-state and international importations.

N: Not notifiable U: Unavailable †International \*Out-of-state

TABLE III. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending July 18, 1987 and July 12, 1986 (28th Week)

Reporting Area		s (Civilian) k Secondary)	Toxic- shock Syndrome	Tuber	culosis	Tula- remia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabies Anima
	Cum. 1987	Cum. 1986	1987	Cum. 1987	Cum. 1986	Cum. 1987	Cum. 1987	Cum. 1987	Cum. 1987
UNITED STATES	17,980	13,672	6	10,960	11,208	83	149	278	2,633
NEW ENGLAND	287	275	-	349	352	-	16	3	4
Maine	1	15	-	17	27	-	1	-	1
N.H. Vt.	3 1	10 6	-	8 7	11 11	-	1	•	
vı. Mass.	136	142		196	167		10	2	-
R.I. Conn.	8 138	16 86	-	25 96	24 112	-	1 3	1	1
MID. ATLANTIC	3,321	1,941	-	1,849	2,266	-	3 17	5	2 192
Upstate N.Y.	105	95	-	274	332		7	3	192
N.Y. City	2,398	1,099	-	889	1,157	-	-	-	-
N.J. Pa.	368 450	355 392	-	342 344	399 378	-	10	1 1	6 168
E.N. CENTRAL	483	548	2	1,337	1,360	1	18	28	89
Ohio	56	71	1	249	223	i	6	23	6
Ind.	33	66	-	130	145	-	4	-	11
III. Mich.	259 95	294 91	-	555 343	614 312	-	5	1	31
Wis.	40	26	1	60	66	-	2 1	4	12 29
W.N. CENTRAL	80	129	-	344	318	25	8	37	606
Minn.	10	21	-	73	81	-	3		148
lowa	11	6	-	19	24 157	.3	2		166
Mo. N. Dak.	40	69 3	-	193 5	15/	15	3	11	33 76
S. Dak.	8	2	-	17	15	4	-	-	136
Nebr.	7	11	-	12	5	1	-		16
Kans.	4	17	-	25	32	2		26	31
S. ATLANTIC Del.	6,273 45	4,100 27	-	2,354 22	2,163 26	4 1	12	96	710
Md.	322	243	-	211	156		3	29	244
D.C.	186	174	-	78	73	-	-	•	28
Va.	161	212	-	241	190	1	1	5	216
W. Va. N.C.	6 336	11 277	-	64 261	63 301	i	1	4 24	29 5
S.C.	403	340	-	231	277	-	-	24	34
Ga. Fla.	831 3,983	811 2.005	-	350 896	320 757	1	6	10	104 50
E.S. CENTRAL	1,037	913	1	874	993	4	2	31	192
Ky.	1,037	44		241	245	1	1	5	97
Tenn.	435	334	-	191	299	1	1	18	51
Ala. Miss.	261 333	295 240	1	272 170	313 136	2		6 2	44
W.S. CENTRAL				1,299	1,400	30	9		
Ark.	2,269 128	2,827 154	1	1,299	1,400	30 17	1	67 3	395 80
La.	395	466	-	144	228	2	-	-	11
Okla. Tex.	85 1,661	74 2,133	1	124 874	123 861	11	2	57 7	18
		•				-	6		286
MOUNTAIN Mont.	362 8	326 6	2	256 9	258 13	9 1	8	9 7	201 102
Idaho	3	ő	1	17	11	i	-	-	1
Wyo.	1	-	-	-	-	-	-	1	44
Colo. N. Mex.	61 32	82 43	-	20 51	23 54	2 1	8	-	3 1
Ariz.	172	132	1	139	122	3	-	-	43
Utah Nev.	15 70	9 48	-	6 14	20 15	1	-	1	2
PACIFIC			•					-	5
Wash.	3,868 46	2,613 86	-	2,298 136	2,098 108	10 4	59 6	2	244
Oreg.	135	57	-	60	69	3	1	-	-
Calif.	3,675	2,450	-	1,952	1,777	2	49	2	241
Alaska Hawaii	3 9	20	-	34 116	33 111	1	3	-	3
Guam	2	1	-	25	31	-		-	-
P.R.	543	442	-	25 167	165	-		- -	37
V.I.	3	-	-	2	1	-	-	•	-
Pac. Trust Terr. Amer. Samoa	112 2	148	•	96	32	•	16	•	-
Amer. Saillea		<u> </u>	<u>.</u>	-	3	-	1	-	-

U: Unavailable

TABLE IV. Deaths in 121 U.S. cities,\* week ending July 18, 1987 (28th Week)

Reporting Area   All   Causes, By Age   (Years)   Pair   ReportingArea   All   Causes, By Age   (Years)					•	July	18,	1987	(28th Week)							
Reporting Area   Age			All Ca	uses, B	y Age (	Years		D&1**			All Ca	uses, E	y Age (	Years)		P&I**
Boston, Mass.   176   106   46   11   5   8   26   Atlanta, Ga.   91   59   15   15   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   5   1   1	Reporting Area		≥65	45-64	25-44	1-24	<1		ReportingArea		≥65	45-84	25-44	1-24	<1	Total
Bridgeport, Conn.   39   25   7   5   2						16										46
Cambridge, Mass. 19 14 4 - 1 1 Charlotte, N.C. 80 33 20 7 6 4 1 Hartford, Conn.\$ 61 40 13 5 1 2 1 Hartford, Conn.\$ 61 40 13 5 1 2 1 Hartford, Conn.\$ 61 40 13 5 1 2 1 Hartford, Conn.\$ 61 40 13 5 1 2 1 Hartford, Conn.\$ 61 40 13 5 1 2 1 Hartford, Conn.\$ 61 40 13 5 1 2 1 Hartford, Conn.\$ 61 40 13 5 1 2 1 Hartford, Conn.\$ 61 40 13 5 1 2 1 Hartford, Conn.\$ 61 40 13 5 1 2 1 Hartford, Conn.\$ 61 40 13 5 1 2 1 Hartford, Conn.\$ 61 40 13 5 1 2 1 Hartford, Conn.\$ 61 40 13 5 1 2 1 Hartford, Conn.\$ 61 40 13 5 1 2 1 Hartford, Conn.\$ 61 40 13 5 1 2 1 Hartford, Conn.\$ 61 40 13 5 1 2 1 Hartford, Conn.\$ 61 40 13 5 1 2 1 Hartford, Conn.\$ 61 40 13 5 1 2 1 Hartford, Conn.\$ 61 40 13 5 1 2 1 Hartford, Conn.\$ 61 40 13 5 1 2 1 Hartford, Conn.\$ 61 40 13 5 1 2 1 Hartford, Conn.\$ 61 40 13 5 1 2 1 Hartford, Conn.\$ 61 40 13 5 1 2 1 Hartford, Conn.\$ 61 40 13 5 1 2 1 Hartford, Conn.\$ 61 40 13 5 1 2 1 Hartford, Conn.\$ 61 40 13 5 1 2 1 Hartford, Conn.\$ 61 40 13 5 1 2 1 Hartford, Conn.\$ 61 40 14 14 14 14 14 14 14 14 14 14 14 14 14								26								1 3
Fall River, Mass. 25 17 6 2 Jacksonville, Fila. 110 77 21 7 4 1 1 Aurtordor, Conn. 5 6 1 40 13 5 1 2 1 Minin, Fila. 99 57 19 11 9 3 1 Lowell, Mass. 11 8 2 1 Richmond, Va. 91 58 21 6 3 2 New Bedford, Mass. 30 27 3 Richmond, Va. 91 58 21 6 3 2 New Bedford, Mass. 30 27 3 Richmond, Va. 91 58 21 6 3 2 New Bedford, Mass. 30 27 3 Richmond, Va. 91 58 21 6 3 2 New Bedford, Mass. 30 27 3 Richmond, Va. 91 58 21 6 3 2 New Bedford, Mass. 30 27 3 Richmond, Va. 91 58 21 6 3 2 New Bedford, Mass. 30 27 3 Richmond, Va. 91 58 21 6 3 2 New Bedford, Mass. 30 27 3 Richmond, Va. 91 58 21 6 3 2 New Bedford, Mass. 30 27 3 Richmond, Va. 91 58 21 6 3 2 New Bedford, Mass. 30 10 2 3 1 1 - 1 Naw Minington, Del. 30 21 7 1 1 1 Naw Minington, Del. 30 21 7 1 1 1 Naw Minington, Del. 30 21 7 1 1 1 Naw Minington, Del. 30 21 7 7 13 12 Naw Minington, Del. 30 21 7 7 13 12 Naw Minington, Del. 30 21 7 7 1 1 1 Naw Minington, Del. 30 21 7 7 1 1 Naw Minington, Del. 30 21 7 7 1 1 Naw Minington, Del. 30 21 7 7 1 1 Naw Minington, Del. 30 21 7 7 1 1 Naw Minington, Del. 30 21 7 7 1 1 Naw Minington, Del. 30 21 7 7 1 Naw Minington, Del. 30 21 7 7 1 Naw Minington, Del. 30 21 7 7 1 Naw Minington, Del. 30 Naw Minington, Del. 30 21 7 7 1 Naw Minington, Del. 30 Naw Minington, Del. 30 21 7 7 1 Naw Minington, Del. 30 21 7 7 Naw Minington, Del. 30 21 7 7 Naw Minington, Del. 30 21 7 7 Naw Minington, Del. 30 Naw Minington, Del. 30 21 7 7 Naw Minington, Del. 30 21 7 7 Naw Minington, Del. 30 21 7 7 Naw Minington, Del. 30 21 7 Naw Minington, Del. 30 21 7 7 Naw Miningto		19		4	-			:								3
Lowell, Mass. 30 27 33	Fall River, Mass.					-		_	Jacksonville, Fla.	110	77	21	7	4		7
Lynn, Mass. 30 27 3 Richmond Va 91 58 21 6 5 3 2 - 1 New Haven, Conn. 61 46 5 5 3 2 - 1 St. Patersburg, Fla. 76 62 6 3 3 3 2 1 New Haven, Conn. 61 46 5 5 3 2 2 1 St. Patersburg, Fla. 76 62 6 3 3 3 2 2 1 New Haven, Conn. 61 46 5 5 3 2 2 1 St. Patersburg, Fla. 76 62 6 3 3 3 2 2 1 New Haven, Conn. 61 46 5 5 3 2 2 1 St. Patersburg, Fla. 76 62 6 3 3 3 2 2 1 New Haven, Conn. 61 46 5 5 3 2 2 1 New Haven, Conn. 61 46 5 5 5 3 2 1 New Haven, Conn. 61 46 5 5 5 3 2 1 New Haven, Conn. 61 46 5 5 5 3 2 1 New Haven, Conn. 61 46 5 5 5 3 2 1 New Haven, Conn. 61 46 5 5 5 3 2 1 New Haven, Conn. 61 46 5 5 5 3 2 2 1 New Haven, Conn. 61 46 5 5 5 3 2 2 1 New Haven, Conn. 62 2 1 New Haven, Conn. 62 2 1 New Haven, Conn. 63 22 8 4 1 1 1 1 New Haven, Conn. 63 22 8 4 1 1 1 1 New Haven, Conn. 63 22 8 8 5 1 1 1 1 New Haven, Conn. 63 22 8 8 5 1 1 1 1 New Haven, Conn. 63 22 8 1 1 1 1 New Haven, Conn. 64 1 New						1		1	Miami, Fla.							7
New Bedford, Mass. 30					:	-									2	7
Someryille, Mass.   12   9   1   2   2   -   -     Washington, D.C.   259   147   60   27   13   12   22   12   Naterbury, Conn.   36   23   8   4   1   -   1   1   1   1   1   1   1   1	New Bedford, Mass.				3	:		:	Savannah, Ga.	34	26	7	-	1	-	1
Someryille, Mass.   12   9   1   2   2   -   -     Washington, D.C.   259   147   60   27   13   12   22   12   Naterbury, Conn.   36   23   8   4   1   -   1   1   1   1   1   1   1   1					5											3 7
Springfield, Mass.   32   22   6   2   - 2   3   Willington, Del.   30   21   7   1   1   - 1   Worcester, Mass.   63   49   8   5   - 1   5   5   1   5   5   1   5   5   1   5   5			9		2		-									7
Waterbury, Conn. 36						-	2								-	-
MID. ATLANTIC 2,718 1,753 547 270 74 74 111 4 61 1 4 Albany, N.Y. 52 38 12 - 1 1 1 1 Chattanooga, Tenn. 70 45 14 6 1 4 4 Albany, N.Y. 52 38 12 - 1 1 1 1 1 Chattanooga, Tenn. 70 45 14 6 1 4 6 1 4 Albany, N.Y. 52 38 12 - 1 1 1 1 1 Chattanooga, Tenn. 70 45 14 6 1 3 6 5 Buffalo, N.Y. 127 84 32 6 6 2 3 7 7 4 21 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 2 1 1 3 6 6 6 2 1 1 3 6 6 1 1 1 3 6 1 1 1 1 1 1 1 1 1 1						1				827	514	177	63	31	42	43
Albany, N.Y. 52 38 12 - 1 1 1 1 1 Knowxille, Torn 109 60 24 13 6 6 8 Allentown, Pa. 21 13 6 2	•			_	-	74			Birmingham, Ala.	122						4
Allentown, Pa. 21 13 6 2   Coursellie, Ky. 104 56 29 11 3 5 5 5 18 Buffalo, N.Y. 127 84 32 6 2 3 7 Memark, N.J. 46 26 14 2 2 2 3 7 Montgomery, Ala. 48 5 4 2 1 1 Montgomery, Ala. 48 8 8 5 2 1 1 1 4 5 2 1 1 Montgomery, Ala. 48 28 8 5 2 1 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					2/0				Chattanooga, Tenn.						-	3 7
Buffalo, N.Y. 127 84 32 6 2 3 7 Memphis, Tenn. 193 122 33 14 8 16 Camden, N.J. 46 26 14 2 2 2 2 7 Memphis, Tenn. 193 122 33 14 8 16 Camden, N.J. 20 15 2 3 - 1 Memphis, Tenn. 193 122 33 14 8 5 6 2 17 Memphis, Tenn. 193 122 33 14 8 16 Memphis, Tenn. 193 122 33 14 8 16 Memphis, Tenn. 193 122 33 14 8 5 16 Memphis, Tenn. 193 122 33 14 8 5 16 Memphis, Tenn. 193 122 33 14 8 5 16 Memphis, Tenn. 193 122 33 14 8 5 16 Memphis, Tenn. 193 122 33 14 8 5 16 18 Memphis, Tenn. 193 122 33 14 8 16 Memphis, Tenn. 193 122 33 14 8 15 Memphis, Tenn. 193 122 33 124 8 8 8 5 2 1 1 Memphis, Tenn. 193 122 34 36 124 8 8 8 5 2 1 1 Memphis, Tenn. 193 122 33 124 8 8 5 2 1 1 Memphis, Tenn. 193 122 34 34 124 12 4 2 1 12 4 2 1 12 12 12 12 12 12 12 12 12 12 12 12	Allentown, Pa.				2	-	-	:								5
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Trenton, N.J.         36         16         15         4         1         -         -         San Antonio, Tex.         176         116         39         14         6         1           Yonkers, N.Y.         28         19         5         2         1         1         1         The control of t						-		5	New Orleans, La.	102	65	15	17	4	1	-
Yonkers, N.Y.         28         19         5         2         -         2         -         Tulsa, Ökla.         100         74         17         3         5         1           E.N. CENTRAL         2,375         1,532         489         172         93         89         76           Akron, Ohio         61         42         12         2         2         3         Clos. Springs, Colo.         43         25         10         4         2         2           Canton, Ohio         15         564         362         125         45         10         22         16         Denver, Colo.         91         63         11         8         7         2           Chicago, Ill.\$         564         362         125         45         10         22         16         Denver, Colo.         91         63         11         8         7         2           Chicago, Ill.\$         564         362         125         45         10         22         16         Denver, Colo.         91         63         11         8         7         2           Chicago, Ill.\$         10         18         70         31         8 <t< td=""><td>Trenton, N.J.</td><td>36</td><td>16</td><td>15</td><td>4</td><td></td><td>-</td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td>1</td><td>17</td></t<>	Trenton, N.J.	36	16	15	4		-	-							1	17
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Detroit, Mich.   261   154   54   35   9   9   6   Salt Lake City, Utah   41   23   7   7   4   5   5   5   5   5   5   5   5   5														4	13	4
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Peoria, III.         39         24         9         -         1         5         1         Los Angeles Calif.         558         337         115         70         23         6           Rockford, III.         46         35         4         5         1         1         3         Oakland, Calif.         66         45         11         6         4         -           South Bend, Ind.         34         25         4         2         2         1         -         Pasadena, Calif.         27         21         2         2         2         -           Toledo, Ohio         117         85         26         4         1         1         10         Portland, Oreg.         128         80         24         10         7         7           Youngstown, Ohio         76         50         15         4         5         2         2         Sacramento, Calif.         146         81         32         9         12         12           W.N. CENTRAL         845         598         149         4         2         26         30         37         San Diego, Calif.         145         94         24         14         12							- 3									7
Rockford, III.         46         35         4         5         1         1         3         Oakland, Calif.         66         45         11         6         4         -           South Bend, Ind.         34         25         4         2         2         1         -         Pasadena, Calif.         27         21         2         2         2         2         2         10         7         7           Youngstown, Ohio         76         50         15         4         5         2         2         Sacramento, Calif.         146         81         32         9         12         12           W.N. CENTRAL         845         598         149         42         26         30         37         San Diego, Calif.         154         94         24         14         12         10           Des Moines, Iowa         88         62         14         1         5         6         11         15         95         24         23         2         1           Duluth, Minn.         32         21         9         -         1         1         1         1         5an Jose, Calif.         170         106         30					•		5								6	1 15
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Kansas City, Kans. 40 27 8 1 3 1 2 Seattle, Wash. 153 88 41 10 8 6									Seattle, Wash.	153	88	41	10	8	6	7
Kanada City, Kana. 40 27 0 1 3 1 21	Kansas City, Mo.		79						Spokane, Wash.		28	12	-	-	1	5 2
Lincoln, Nebr. 40 27 11 1 1 - 2   lacoma, Wash. 41 30 8 2 - 1	Lincoln, Nebr.					1	-		•			-		-		
Minneapolis, Minn. 173 124 31 8 7 3 5 TOTAL 12,447 <sup>††</sup> 7,956 2,538 1,049 474 421 Omaha, Nebr. 87 50 18 9 3 7 5							3		TOTAL 1	2,447	7,956	2,538	1,049	474	421	534
St. Louis, Mo. 155 111 23 13 3 5 -	St. Louis, Mo.						5	-								
St. Paul, Minn. 66 52 12 1 1 - 1	St. Paul, Minn.	66	52	12	1	1	-									
Wichita, Kans. 60 45 5 4 1 5 5	Wichita, Kans.	60	45	5	4	1	5	5								

<sup>\*</sup>Mortality data in this table are voluntarily reported from 121 cities in the United states, most of which have populations of 100,000 or more. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

<sup>\*\*</sup>Pneumonia and influenza.

Theurinonia and influenza.

TBecause of changes in reporting methods in these 3 Pennsylvania cities, these numbers are partial counts for the current week.

Complete counts will be available in 4 to 6 weeks.

††Total includes unknown ages.

Finate not available Figures are estimates based on average of past 4 weeks.

1984 estimates: the Bureau of Labor Statistics (BLS) reported 3,750 such deaths in 1984 (5); the National Safety Council (NSC) reported 11,500 (6); and the National Center for Health Statistics (NCHS) reported 4,960 (unpublished data). While the discrepancies can be attributed in part to the use of different methodologies, sampling strategies, and exclusions, they illustrate the need for more complete data. The NTOF data base represents an attempt to provide a complete census of work-related traumatic deaths rather than a sampling of such deaths.

There is adequate justification for basing NTOF surveillance on data from death certificates. This type of surveillance for occupational fatalities has found increasing use (7,8). The certificates are standardized and universally available, and they provide the required data (e.g., demographics, location, industry/occupation, etc.) with acceptable accuracy. The preliminary analyses reported here indicate that this surveillance system can provide current numbers of occupational fatalities, identify high-risk industries (or occupations) at the state level, and monitor trends over time. The average of 7,000 fatalities per year falls in the middle range of estimates reported by BLS, NSC, and NCHS, lending credence to the NTOF figures. The identification of mining, construction, and agriculture as highest risk industries is also consistent with other nationwide and state-based studies (4,9).

While this study demonstrates the potential value of this surveillance method, it also indicates some limitations currently in the system. Death certificates are selected

TABLE 2. Average annual traumatic occupational fatalities and years of potential life lost (YPLL), by industry — United States, 1980-1984

Industry*	Employment (2)	Number of Deaths <sup>†</sup>	Fatality Rates⁵	YPLL
Agriculture, Forestry, Fisheries	3,479,322	707	20.3	15,205
Mining	1,047,871	315	30.1	9,406
Construction	4,127,483	952	23.1	25,471
Manufacturing	19,741,833	838	4.2	21,354
Transportation, Communication, Public Utilities	4,619,397	901	19.5	23,329
Wholesale Trade	5,244,168	56	1.1	1,367
Retail Trade	15,335,591	287	1.8	6,766
Finance, Insurance, Real Estate	5,492,639	72	1.3	1,569
Services	18,554,496	545	2.9	15,081
Public Sector	N/A ¶	450	N/A	13,597
Industry Unknown**	N/A	1,358	N/A	N/A

<sup>\*</sup>Industries classified according to U.S. Office of Management and Budget, Standard Industrial Classification System, 1972 Edition.

<sup>&</sup>lt;sup>†</sup>Does not include the 2,070 additional fatalities estimated for jurisdictions that did not include certificates reporting deaths attributable to homicide or suicide or stating the cause of death as "pending".

Per 100,000 workers.

<sup>&</sup>lt;sup>¶</sup>N/A = not available.

<sup>\*\*</sup>Cases for which industry was not listed or was unclassifiable.

and initially processed by different reporting units, and there may be inconsistencies in the way different jurisdictions determine whether or not an injury occurred at work (e.g., 16 reporting units failed to classify homicides and suicides as work-related). Another potential source of undercounting might be a failure to include work-related motor vehicle accidents.

This study also illustrates the difficulties encountered in obtaining denominator data to calculate rates. No single source of employment data provides complete information on geographic location, demographics, and industry/occupation for all workers. Therefore, NIOSH used 1980 census data to compute overall age-specific rates, but used separate census data bases to calculate state- and industry-specific rates. Even so, some analyses were incomplete because denominator data did not include certain worker populations (e.g., those employed in public administration). Fully satisfactory sources of denominator data must yet be identified for surveillance of occupational safety and health.

Nevertheless, the NTOF appears to provide the most accurate analysis of traumatic occupational fatalities to date and may well provide the data necessary to identify high-risk populations and, thus, reduce such deaths. Except for the homicides and suicides that occur "at work" and pose additional social parameters, the national toll of occupational traumatic deaths reported in the NTOF is largely preventable. The identification of particular states with higher fatality rates suggests possibilities for state-based or regional intervention efforts.

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# Epidemiologic Notes and Reports

## Serum Dioxin\* in Vietnam-Era Veterans — Preliminary Report

Agent Orange, a defoliant used in Vietnam, was a mixture of 2,4-D<sup>†</sup> and 2,4,5-T<sup>§</sup>. During manufacture 2,4,5-T was contaminated with TCDD\*, a compound with marked toxicity in some species of experimental animals (1-4). In 1979, the U.S. Congress

<sup>\*2,3,7,8-</sup>tetrachlorodibenzo-p-dioxin (TCDD) or "dioxin".

<sup>&</sup>lt;sup>†</sup>2,4-dichlorophenoxyacetic acid (2,4-D).

<sup>\$2,4,5-</sup>trichlorophenoxyacetic acid (2,4,5-T).

responded to concerns of Vietnam veterans by passing Public Law 96-151 mandating epidemiologic studies of the possible health effects on Vietnam veterans of exposure to herbicides and their associated dioxin contaminants. In 1983, CDC developed a protocol (5) for a historical cohort study (the Agent Orange Exposure Study) of U.S. Army veterans who had served in heavily sprayed areas of Vietnam. The protocol specified that the degree of exposure to Agent Orange be based on a score estimating the "likelihood of exposure" and calculated from information in military records.

Men who served in the III Corps military region (around Saigon) during the period 1967-1968 were selected for study because this region was heavily sprayed during that time. The U.S. Army and Joint Services Environmental Support Group (ESG) found that 65 U.S. Army combat battalions had spent at least 18 months in the III Corps area during the period 1967-1968. The ESG abstracted daily locations of companies within these battalions from military records and obtained personnel records of men who had served in those companies. Using existing records of each application of Agent Orange by fixed-wing aircraft, helicopter, or ground-based equipment and ESG troop location data, CDC developed several different methods for computing exposure scores for each man. These methods were based on each man's daily proximity (in time and space) to recorded Agent Orange applications.

Subsequent evaluation of military records by CDC and ESG revealed that daily tracking of individual soldiers was not always possible. The ESG evaluation also suggested that many helicopter and ground-based sprays, which were often near troops, were not recorded. Consequently, CDC has conducted a validation study using current TCDD levels in serum as a biological marker to determine whether scores based on military records or on veterans' self-assessed exposures to herbicides could identify those veterans who had received heavy exposure in Vietnam.

During 1986, CDC's Division of Environmental Health Laboratory Sciences, Center for Environmental Health, developed a method for measuring TCDD in human serum. The measurement, which is based on lipid weight, is highly correlated with paired measurements of TCDD in adipose tissue (r=.98) (6,7). The same laboratory subsequently used paired sera (drawn in 1982 and 1987) to estimate the half-life of the TCDD body-burden in man as approximately 6-10 years (CDC, unpublished data). The sera came from Air Force personnel involved in spraying Agent Orange in Vietnam during 1968. Some of these sera still show markedly elevated TCDD levels in 1987. These new developments suggest that only about 2 to 2.5 TCDD half-lives have elapsed since potential exposure in Vietnam and that serum TCDD can serve as a biological marker for previous Agent Orange exposure. These findings are the basis for the study of U.S. Army veterans reported here.

Vietnam veterans invited to participate in this study had served in at least one of the 65 selected battalions between October 1966 and March 1969. They were chosen from the 9,727 men whose records were sufficiently complete for exposure scoring and who met the original selection criteria proposed in 1983 (e.g., only a single tour of duty in Vietnam and pay grade of E1 to E5 at discharge). The exposure score used to select Vietnam veteran participants was the total number of occasions on which the veteran's unit was within 2 km of a documented Agent Orange spray within 6 days after that spray. This score is based on the assumption that TCDD undergoes rapid

degradation on vegetation (8-10). All but 10<sup>¶</sup> of the 314 men with a high exposure (a score of 5 or more) were invited to participate in this study. A stratified random sample of 235 of the 1,351 men with a score from 1 to 4 were invited, and a sample of 440 of the remaining 8,062, all of whom had a score of 0, were invited. These men averaged over 300 days of service in Vietnam. A stratified random sample of 200 non-Vietnam veterans of the same era were invited as a comparison group. While they did not have Vietnam-related exposure to Agent Orange, their demographic and other personal characteristics were similar to the Vietnam veterans.

Of the 979 invited Vietnam veterans, 871 (89%) completed telephone interviews, and 665 (68%) also completed medical examinations and gave blood for TCDD measurement at CDC. Those reporting health problems in the telephone interview were more likely to participate in the examinations and blood sampling than were those reporting good health. Of the 200 non-Vietnam veterans invited, 103 (52%) participated fully. This lower participation rate does not affect exposure scores or TCDD levels in Vietnam veterans. Each participant underwent a detailed interview regarding military and civilian exposures to herbicides. Table 1 shows selected characteristics of the participants by exposure groups. While 25% of Vietnam veterans reported direct exposures (present during spraying or handled spraying equipment) and 70% reported indirect exposure (walked through defoliated areas), 6% of non-Vietnam veterans reported such exposures. Those who were both interviewed and examined were similar with respect to the characteristics shown in Table 1 to those who were interviewed only.

The preliminary TCDD distributions, which are shown in Figure 1 and are based on the first 519 specimens processed, represent a 68% random sample of the participants. All of these men except one had TCDD levels (based on lipid weight) below 20 parts per trillion (ppt), which is considered the upper limit for residents of the United States without known TCDD exposure (6,7,11,12). There was no significant difference among the three Vietnam veteran exposure groups selected on the assumption of short environmental availability of TCDD (p = .83). Likewise, no association was found between TCDD levels and two other methods of scoring exposure that were chosen to reflect a longer environmental persistence of TCDD (one method accounted for the distance from the spray, without regard to the time since spraying, and the other accounted for total days spent in heavily sprayed areas). Finally, no association was found between TCDD levels and self-perceived herbicide exposure in the military (either direct exposure or delayed exposure). The median TCDD levels for all exposure groups were between 3.5 and 4.3 ppt. Furthermore, TCDD medians for Vietnam veterans (median = 3.8 ppt) and non-Vietnam veterans (median = 3.9 ppt) were virtually the same. A full report will be published after TCDD measurements have been completed for all participants and the full report has been reviewed by the Agent Orange Working Group of the Domestic Policy Council (Executive Branch) and by the Congressional Office of Technology Assessment.

Reported by: Agent Orange Projects, Div of Chronic Disease Control, Div of Environmental Health Laboratory Sciences, Center for Environmental Health, CDC.

Editorial Note: The purpose of this study was to determine whether estimates of exposure based on military records or on interviews of U.S. Army veterans can

Ten men who were given scores of less than 5 at the time that invitations were issued were later assigned scores of 5 or more on the basis of corrected company location and military service data provided by ESG.

identify those with heavy exposure to TCDD. Serum TCDD levels measured in 1987 were not associated with any of the indirect exposure scoring methods evaluated. Because of the purpose of the study, men with higher exposure scores were deliberately over-sampled. The distribution of TCDD levels reported here cannot be generalized with confidence to all U.S. Army Vietnam veterans since the study did not use a random sample of all such veterans.

While CDC was processing sera from the U.S. Army veterans reported here, it was concurrently processing sera from other groups with known occupational exposure to dioxin prior to but not after 1970. Some of those who were occupationally exposed had TCDD levels more than 30-fold higher in 1987 (CDC, unpublished data) than the median levels of approximately 4 ppt reported here for Vietnam veterans.

The distribution of TCDD levels for the Vietnam veterans, with all but one below the upper limit for unexposed U.S. residents, suggests that few of the participants in

TABLE 1. Selected characteristics of participants in the Agent Orange Validation Study, by levels of exposure to Agent Orange\*

		Vietnam	Veterans		
	Ager	nt Orange E	xposure S	cores	Non-Vietnam
	High	Medium	Low	All	Veterans
Characteristics	(n = 194)	(n = 164)	(n = 307)	(n = 665)	(n = 103)
Demographic characteristics					
Age (mean)	40	41	40	40	39
Race (nonwhite)	25 %	30 %	25 %	26 %	20 %
Military service characteristics					
Type of enlistment (draftee)	73 %	80 %	84 %	80 %	74 %
Tactical MOS <sup>†</sup>	68 %	87 %	89 %	82 %	28 %
Reported combat exposure					
(mean score⁵)	36	41	38	38	_
Days in Vietnam (mean)	338	322	306	320	_
Self-reported herbicide exposure					
Military:					
Direct	23 %	26 %	26 %	25 %	6 %
Indirect	69 %	69 %	72 %	70 %	6 %
Civilian:					
Occupational	19 %	20 %	20 %	19 %	32 %
Home use	35 %	29 %	35 %	34 %	44 %
Current health characteristics					
Smoking (cigarette)	47 %	49 %	51 %	49 %	48 %
Alcohol use (mean number					
of drinks/month)	66	46	66	61	54
Body mass index (mean)	27	28	28	27	27

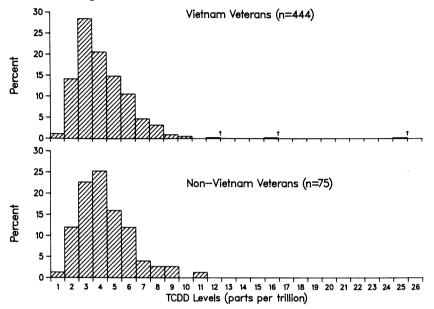
<sup>\*2,3,7,8-</sup>tetrachlorodibenzo-p-dioxin (TCDD) or "dioxin".

<sup>&</sup>lt;sup>†</sup>MOS = military occupational specialty.

From questionnaire; possible range of 0-72. A higher score indicates more combat experience.

this study have had unusually heavy dioxin exposure. No threshold level has been determined as yet for the health effects of TCDD on humans.

FIGURE 1. Serum TCDD\* levels of Vietnam and non-Vietnam veterans participating in the Agent Orange Validation Study — United States, 1987



<sup>\*2,3,7,8-</sup>tetrachlorodibenzo-p-dioxin (TCDD) or "dioxin."

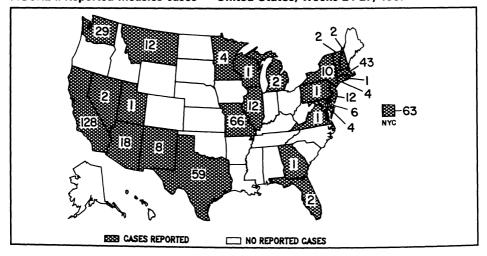
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<sup>&</sup>lt;sup>†</sup>One veteran had this level of TCDD.

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FIGURE I. Reported measles cases — United States, weeks 24-27, 1987



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